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**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SWEDEN	SHEETS DRAWINGS 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and /KATLYN ELIZABETH HELLING/ Acknowledged	Examiner's Signature	Initials				

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TITLE
 Heat-emitting patient garment

FILING FEE RECEIVED 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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